



Economic Stability  
Division of Programs  
627 North 4th Street  
Baton Rouge, LA 70802


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(F) 225.342.2536  
[www.dcfsl.a.gov](http://www.dcfsl.a.gov)

John Bel Edwards, Governor  
Marketa Garner Walters, Secretary

October 31, 2017

**MEMORANDUM**

**TO:** OM&F Fiscal  
Contract Payments

**FROM:** Dora Thomas   
Program Manager

**RE:** Invoice for payment  
PO #2000234086  
Family Values

**Please find attached an invoice for payment.**

**If you have any questions, contact Charlene Trusclair (225) 342-5004.**

**DT/ct**

**Attachment**





**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

Family Values Resource Institute, Inc.

Contractor Name

7515 Scenic Highway

Mailing Address

Baton Rouge, LA 70807

City, State, Zip

- Barbara Thomas / 225-359-9001

Contact Person/Telephone Number

Received
OCT 26 2017
DCFS Economic Stability

AUGUST 2017

Service Period

2000234086

Contract/CFMS#

AUGUST 2017 SUPPLEMENT.

Invoice Number

*Supplement*

*234086-0817*

**EXPENDITURES**

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$0.00	\$28,749.99	\$28,749.99	\$143,750.01	
FRINGE BENEFITS	\$22,235.25	\$0.00	\$2,729.77	\$2,729.77	\$19,505.48	
TRAVEL	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
OPERATING SERVICES	\$52,564.75	<i>222.81</i> \$672.81	\$7,131.15	\$7,703.96	\$44,860.79	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$0.00	\$9,302.87	\$9,302.87	\$54,597.13	
OTHER CHARGES	\$216,000.00	\$0.00	\$27,400.00	\$27,400.00	\$188,600.00	
EQUIPMENT/ACQUISITIONS	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	<i>222.81</i> \$ 572.81	\$75,313.78	\$75,886.59	\$453,313.41	\$ 0.00

**Contractor Certification**

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Barbara Thomas*  
 Signature of Authorized Contractor Representative and Title

*10/15/2017*  
 Date

**FOR DCFS USE ONLY**

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
	<i>4274</i>	<i>3740</i>	<i>5071</i>		
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	Org	Obj	Rep Cat	Sub Obj	ACTV
I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Dora Herman Program Dir</i> Signature and Title of Authorized DCFS Official					
					<i>11/3/17</i> Date

*CRT*

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form**

**FINANCIAL REPORTING INSTRUCTIONS**

**Column A - Expenditure Category** – Enter the expenditure categories required by the contract.

**Column B – Approved Budget** – Enter the approved budget for the current contract term for the budget categories approved in the contract.

**Column C – Current Period Expenditures** – Enter the expenditures incurred and paid for the current reporting period.

**Column D – Prior Period Expenditures** – Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

**Column E – Cumulative Expenditures To Date** – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

**Column F – Remaining Balance** – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

**Column G – Cost Sharing** – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

*Personnel* – Salaries and wages provided for all persons directly employed by the contractor.

*Fringe Benefits* – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

*Travel* – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

*Operating Services* – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

*Supplies* – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

*Professional Services* – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

*Other Charges* – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

*Equipment/Acquisitions* – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

*Indirect Costs* – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

Insurance \$ 222.81

ACCOUNT NUMBER
<b>900 - 5143581</b>
Refer to this number on all correspondence
CUSTOMER ID
Q00797820170620

**BILLING STATEMENT**

**FIRST INSURANCE\***  
FUNDING  
A WINTRUST COMPANY

FIRST Insurance Funding Corp.  
450 Skokie Blvd, Ste 1000  
Northbrook, IL 60062-7917  
Phone: (800) 837-2511 Fax: (800) 837-3709  
www.firstinsurancefunding.com

NOTICE DATE
08/18/2017
INSTALLMENT DUE DATE
09/06/2017

Insured
<b>FAMILY VALUES RESOURCE INSTITU</b> <b>POST OFFICE BOX 74403</b> <b>BATON ROUGE, LA 70874</b>

Previous Account Balance	\$	3,213.53
Payments/Adjustments	\$	(744.95)
Fees and Other Charges	\$	11.00
Current Account Balance	\$	2,479.58
Past Due Amount	\$	0.00
Current Installment Amount	\$	352.66
Service Fee	\$	11.00
Total Amount Due	\$	363.66

Agent/Broker INSURANCE ONE AGENCY, L.C.  
Phone: (972) 267-8000

Any Past Due Amount is due immediately.

Professional Liability Insurance Check your account online: Your username is "900-5143581"

- If you mail your payment please allow 7-10 days mailing time to ensure timely application of your payment.
- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, or if changes to your policies are needed, please contact your agent or broker listed above.
- DIRECT DEBIT - If you are enrolled in Direct Debit, the Total Amount Due will be automatically deducted from your bank account on the Installment Due Date.
- You may pay online or by phone. Our contact information is listed at the top of this statement.
- Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the address listed on the Remittance Stub.

Please visit our website to check your account, make a payment, change your address and view documents online!

www.firstinsurancefunding.com

Thank you for allowing us to be of service! We appreciate your business.

18217268

Paid online 9/14/17 \$378.66

363.66 inv. amt  
15.00 processing fee  
378.66 total paid  
FILED 0912

**FIRST INSURANCE\***  
FUNDING  
A WINTRUST COMPANY

**REMITTANCE STUB**

Please detach and return this portion with your payment.

Please make checks payable and mail to:  
FIRST Insurance Funding Corp.  
PO Box 7000  
Carol Stream, IL 60197-7000

Have you moved? Please  
check this box and print your  
new address on the back.

☐

Insured
<b>FAMILY VALUES RESOURCE INSTITU</b> <b>POST OFFICE BOX 74403</b> <b>BATON ROUGE, LA 70874</b>

NOTICE DATE	08/18/2017
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ACCOUNT NUMBER	900 - 5143581
CURRENT INSTALLMENT DUE DATE:	09/06/2017
TOTAL AMOUNT DUE:	\$ 363.66
AMOUNT ENCLOSED:	\$

90000000514358100000036366

Insurance - Professional Liability

\$ 222.81

Chase Online

Tuesday, September 19, 2017

**Search Results BUSINESS CLASSIC (...8002)**

Transaction type: ACH Debit

Date range: 09/15/2017 - 09/15/2017

**Search Results 1 - 1**

Date	Type	Description	Debit	Credit
09/15/2017	ACH Debit	FIRST INSURANCE INSURANCE 900-5143581 WEB ID: 2363437365	\$378.66	

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Insurance - Professional Liability  
FIRST INSURANCE FUNDING  
A WESTRUST COMPANY  
\$222.81

**e-Payment Confirmation**

You have successfully completed the e-Payment Wizard.

**Summary of Tasks Completed:**

- Payment Entered By: Family Values Resource Institu
- Payment Entered Time: 09/14/2017 11:17 AM
- Payment Source: Borrower
- Selected 1 Account to make a payment on.
- List of Account(s):

900-5143581	Family Values Re...	363.66
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- Reference Number: 15313992
- Check Number: N/A
- Bank Account Number: \*\*\*\*\*8002
- Scheduled Post Date: 09/14/2017
- 
- Total Amount: 378.66

For any questions regarding this transaction, please contact Customer Service at (800) 837-2511 or email [csr@firstinsurancefunding.com](mailto:csr@firstinsurancefunding.com).

Note: The E-payment Cut-off time is 3:00 PM CST. Any payment made after that time will be posted on the next business day. The Scheduled Post Date indicates the date this payment will be posted to your account.